

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

RECEIVED NO. 10/550636  
FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.	1						TOTAL REQ.						
TOTAL OCT.	8	↓		↓		↓	TOTAL OCT.	↓		↓		↓	
TOTAL CLAIMS	9	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]		[REDACTED]		[REDACTED]	

PTO-8369 (REV. 9/83)

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